

**CITY OF NORTHAMPTON  
DEPARTMENT OF PUBLIC WORKS**

**APPLICATION FOR INDUSTRIAL WASTE DISCHARGE PERMIT**

INSTRUCTIONS: Please type or print

Submit form to: Department of Public Works  
Wastewater Treatment Plant  
33 Hockanum Road  
Northampton MA 01060

Attn: Permit Coordinator

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**SECTION A      GENERAL INFORMATION**

1. Company name and mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

telephone number: \_\_\_\_\_ fax number \_\_\_\_\_

2. Name, title and telephone number of person authorized to represent this firm in official dealings with the City: \_\_\_\_\_

\_\_\_\_\_

3. What are the manufacturing, production or service activities of this facility; what does this facility do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Standard Industrial Classification Number(s) SIC Code for your facility:

\_\_\_\_\_

5. Number of employees: Maximum: \_\_\_\_\_  
Minimum: \_\_\_\_\_  
Average: \_\_\_\_\_

6. Work Schedule : Hours per day \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Days per week \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Is this facility work schedule subject to seasonal variations?

( ) No ( ) Yes , if so, explain: \_\_\_\_\_

\_\_\_\_\_

## **SECTION B FACILITY OPERATIONS**

1. List raw materials used in production, including chemicals used in processing or cleaning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe production process: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List average water service usage on premises: (new facilities may estimate)

<u>Type</u>	<u>Average Water Usage (gpd)</u>	<u>Indicate If Estimate (E) or Measured (M)</u>
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler Feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. equipment washdown	_____	_____
i. Other	_____	_____
j. Total	_____	_____

4. Plant wastewater discharge consists of: (check as applicable)

(    ) batch discharge    (    ) continuous flow    (    ) both

Number of batches/gallons per day\_\_\_\_\_

Is wastewater made up primarily of rinse water or process waste:

\_\_\_\_\_

What is the maximum wastewater flow in gallons per day:

\_\_\_\_\_

How is flow determined? \_\_\_\_\_

## SECTION C WASTE DISPOSAL INFORMATION

1. This facility generates the following types of wastes in gallons per day: check all that apply:

- a. ☐ Domestic wastes (restrooms, employee showers  
sinks, etc) \_\_\_\_\_
- b. ☐ Cooling water, non-contact \_\_\_\_\_
- c. ☐ Boiler/Tower blowdown \_\_\_\_\_
- d. ☐ Cooling water, contact \_\_\_\_\_
- e. ☐ Process \_\_\_\_\_
- f. ☐ Equipment/facility washdown \_\_\_\_\_
- g. ☐ Air pollution control unit \_\_\_\_\_
- h. ☐ Other (describe) \_\_\_\_\_

2. Wastes are discharged to: (check all that apply): Gallons per day

- a. ☐ Sanitary sewer \_\_\_\_\_
- b. ☐ Storm drain \_\_\_\_\_
- c. ☐ Surface water \_\_\_\_\_
- d. ☐ Ground water \_\_\_\_\_
- e. ☐ Waste Haulers \_\_\_\_\_
- f. ☐ Evaporation \_\_\_\_\_
- g. ☐ Grease trap \_\_\_\_\_
- h. ☐ Other (describe) \_\_\_\_\_

3. Does this facility discharge wastewater to any surface water? If yes, provide National Pollution Discharge Elimination System Permit number (NPDES number)

\_\_\_\_\_

4. Provide name and address of waste hauler(s) used, if any: \_\_\_\_\_

\_\_\_\_\_

5. Are any liquid wastes or sludges from this firm disposed of by means other than to the sewer system?

☐ Yes      ☐ No

6. These wastes may best be described as: Estimated gallons or pounds/year

- ☐ Acids and alkaloids \_\_\_\_\_
- ☐ Heavy metal sludges \_\_\_\_\_

- ( ) Inks/Dyes \_\_\_\_\_
- ( ) Oil and/or Grease \_\_\_\_\_
- ( ) Organic Compounds \_\_\_\_\_
- ( ) Paints \_\_\_\_\_
- ( ) Settling pit solids \_\_\_\_\_
- ( ) Plating wastes \_\_\_\_\_
- ( ) Pretreatment sludges \_\_\_\_\_
- ( ) Solvents/thinners \_\_\_\_\_
- ( ) Other hazardous wastes \_\_\_\_\_
- ( ) Other wastes (specify) \_\_\_\_\_

7. For the above checked wastes, does this company practice

- ( ) on-site storage                      ( ) off-site storage
- ( ) on-site disposal                      ( ) off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

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8. Does this facility have a written spill prevention plan on file with the City?

Yes \_\_\_\_\_ No \_\_\_\_\_

When was the spill prevention plan last reviewed and updated? Date: \_\_\_\_\_

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## SECTION D PRETREATMENT SYSTEMS

1. Is wastewater pretreatment currently provided?

- ( ) No
- ( ) Yes    Complete the following:

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment system) planned for this facility in the next year?

If Yes, describe \_\_\_\_\_

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3. Is pretreatment a continuous or batch operation? \_\_\_\_\_

If batch, describe the frequency and duration of operation. \_\_\_\_\_

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4. Pretreatment process: describe flow rates, design capacity, physical size, and operating procedures: \_\_\_\_\_

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5. Is the pretreatment system classified by the Massachusetts Dept. of Environmental Protection? ( ) No ( ) Yes Grade of System \_\_\_\_\_

6. Name of operator in responsible charge of this system: \_\_\_\_\_

7. Is the operator certified by the Mass. Board of Certification of Operators of Wastewater Treatment facilities? ( ) no ( ) yes License # \_\_\_\_\_

## SECTION E INSTRUMENTATION

1. What instruments or devices are permanently installed for monitoring wastewater parameters? ( Include flow meters , totalizers, ph meters, Parshall flumes, weirs, etc.)

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2. Calibration schedule and/or cleaning schedule for these instruments: \_\_\_\_\_

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3. Name of person in charge of maintaining, calibrating and cleaning of these instruments:

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## SECTION F SIGNATORY REQUIREMENT

Name and title of responsible individual in charge of facility: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*For Office Use Only*

*Received by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Reviewed by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Comments:* \_\_\_\_\_

\_\_\_\_\_